

## ENTRY INTO NATIONAL STAGE UNDER PCT

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

PAUS1

First Named Inventor

Dimitrios Palis

COMPLETE IF KNOWN

Application Number

Filing Date

7/14/2004

Art Unit

Examiner Name

## I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLASTIC CLOSING CAP WITH SEALING RING

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/GR03/00001	PCT	January 15, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20020100015	GR	January 16, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0561-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number: 27769 OR ☐ Correspondence address below

Name

AKC Patents

Address

215 Grove Street

City

Newton

State

MA

ZIP

02466

Country

USA

Telephone

617-558-5389

Fax

617-332-0371

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

DIMITRIOS

Family Name

or Surname

PAIRIS

Inventor's Signature *EMMAN. PAIRIS (Son and heir of deceased inventor DIN. PAIRIS)*Signature *Doro Pairis (Daughter and heir of deceased inventor D.P.)**Stavros Pairis (Wife and heir of deceased inventor DIN. PAIRIS)*

Date

Residence: City

Thrakomakedones

State

Attika

Country

GREECE

Citizenship

GREEK

Mailing Address

10-12 DIMITRIOU POLIORKITOU STREET

City

THRAKOMAKEDONES

State

ATTIKIS

ZIP

GR-13571

Country

GREECE

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Family Name

or Surname

Inventor's

Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

PTO/BB/BLR (00-03)  
 Approved for use through 07/31/2006. CASE 0001-0039  
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
 Under the Electronic Signatures Act of 2002, an applicant may sign an application by a computer if the applicant has received a valid CASE control number.

<b>DECLARATION</b>	<b>LEGAL REPRESENTATIVES (35 U.S.C. 117)</b>
Supplemental Sheet	Page <u>1</u> of <u>1</u>

Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
STAMATINA		PAIAI	
Legal Representative's Signature		Date 09/07/2004	
Residence: City	State	Country	Citizenship
Thraxomakedones	Attiki	GREECE	GREEK
Mailing Address 12 Dimitrios Poliorikitou str.			
Mailing Address			
City	State	Zip	Country
Thraxomakedones	Attiki	GR 13671	GREECE
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
DOAIS		PAIAI	
Legal Representative's Signature		Date	
Thraxomakedones		Attiki	
State		Country	
Attiki		GREECE	
Mailing Address 10 Dimitrios Poliorikitou str.		Citizenship	
Mailing Address		GREEK	
City	State	Zip	Country
Thraxomakedones	Attiki	GR 13671	GREECE
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
EMMANUEL		PAIRIS	
Legal Representative's Signature		Date 09/07/2004	
Thraxomakedones		Attiki	
State		Country	
Attiki		GREECE	
Mailing Address 12 Dimitrios Poliorikitou str.		Citizenship	
Mailing Address		GREEK	
City	State	Zip	Country
Thraxomakedones	Attiki	GR 13671	GREECE

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.59 and 1.84(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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PTO/SB/01 (08-03)

Approved for use through 11/30/2005. OMB 0831-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	7/14/2004
First Named Inventor	DIMITRIOS PAIRIS
Title	PLASTIC CLOSING CAP WITH SEAL
Art Unit	
Examiner Name	
Attorney Docket Number	PAUS1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000027769

OR

☐ Practitioner(s) named below:

Name	Registration Number
AKKI K. Collins, Ph.D.	43558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.

Legal representative

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Name	EMMANUEL PAIRIS (Son and heir of deceased inventor DIMITRIOS PAIRIS)		
Signature	<i>[Signature]</i>		
Date	7/12/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	7/14/2004
First Named Inventor	DIMITRIOS PAIRIS
Title	PLASTIC CLOSING CAP WITH SEAL
Art Unit	
Examiner Name	
Attorney Docket Number	PAUS1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000027769

OR

☐ Practitioner(s) named below:

Name	Registration Number
Aldi K. Collins, Ph.D.	43558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.

Legal representative

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

## **SIGNATURE of Applicant or Assignee of Record**

Name	DORIS PAIRI (Daughter and heir of deceased inventor DIMITRIOS PAIRIS)		
Signature			
Date	7/12/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035  
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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	7/14/2004
First Named Inventor	DIMITRIOS PAIRIS
Title	PLASTIC CLOSING CAP WITH SEAL
Art Unit	
Examiner Name	
Attorney Docket Number	PAU81

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000027769

OR

☐ Practitioner(s) named below:

Name	Registration Number
Alik K. Collins, Ph.D.	43558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor. ☒ Legal representative

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name	STAMATINA PAIRI (Wife and heir of deceased Inventor DIMITRIOS PAIRIS)		
Signature	<i>[Signature]</i>		
Date	7/12/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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